



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-2

Jack L. Roberts, Treasurer  
Southern States Police Benevolent Assoc.  
PAC Fund  
1900 Brannan Road  
McDonough, GA 30253

APR 03 2002

Identification Number: C00265546

Reference: Year End Report (7/1/01-12/31/01)

Dear Mr. Roberts:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report discloses the receipt of funds from your connected organization (pertinent portion(s) attached) which appears to be acting as a collecting agent. Funds received from a collecting agent are to be attributed to the original contributors and should be disclosed according to the requirements of 11 CFR §104.3(a). If the amounts in question were contributed by individuals and transmitted to your committee by a collecting agent, the activity should be included on Line 11(a)(i) of the Detailed Summary Page. Any contribution from an individual exceeding \$200 in the aggregate during the calendar year should be itemized on a supporting Schedule A. Please note, collecting agents need not be identified on your report. Please amend your report to provide further clarification regarding this activity.

-2 U.S.C. §434(b)(6)(B)(iii) requires that the supporting schedule for disclosing independent expenditures be signed by the treasurer and certified by a notary public. This is to attest to the fact that the expenditures were not made in cooperation, consultation, or consent with, or at the request or suggestion of any candidate, or any authorized committee or agent of such committee. Furthermore, please note that committees filing reports electronically must submit an electronic Schedule E, and also mail in a

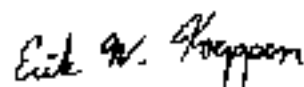
signed notarized paper copy of Schedule E. Please provide a paper copy of Schedule E. 11 CFR §104.18(h)

-The independent expenditure schedule (Schedule E) should disclose the following information: the name and mailing address of the payee, the purpose of the expenditure, the date of payment, the amount of payment, the name and office sought, state and district (if applicable) of the federal candidate, an indication of whether the candidate was supported or opposed, the signature of the treasurer, and a notarized certification of the information provided. Please amend Schedule E by providing the name and office sought, state, and congressional district (if applicable) of the federal candidate. 11 CFR §104.3(b)(3)(vii)

-Your report was electronically filed on an old version of FECFile software or the commercial vendor equivalent. FECFile, Version 4 or the commercial vendor equivalent, must be used on all future reports submitted by your committee. The most current version of FEC File, can be downloaded from the FEC web site at <http://www.fec.gov>. Please use the correct version when submitting all future reports (11 CFR §104.2)

A response or amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,



Erik W. Koeppe  
Reports Analyst  
Reports Analysis Division

# SCHEDULE A

# ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

3 / 21

FOR LINE NUMBER  
11A1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

## NAME OF COMMITTEE (in Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND

<b>Full Name, Mailing Address, and ZIP Code</b> SOUTHERN STATES P.B.A.  1900 BRANNAN ROAD  MCDONOUGH GA 30253  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	<b>Name of Employer</b>   <b>Occupation</b>   <b>Aggregate Year-to-Date</b> > \$ 46465.32	<b>Date (month, day, year)</b> 07/30/2001 *\$ .50 PER MEMBER PER MONTH.... ....T/F FROM COLLECTING AGENT	<b>Amount of Each Receipt this Period</b> 9130.35
<b>Full Name, Mailing Address, and ZIP Code</b> SOUTHERN STATES P.B.A.  1900 BRANNAN ROAD  MCDONOUGH GA 30253  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	<b>Name of Employer</b>   <b>Occupation</b>   <b>Aggregate Year-to-Date</b> > \$ 55001.07	<b>Date (month, day, year)</b> 09/10/2001 *\$ .50 PER MEMBER PER MONTH.... ....T/F FROM COLLECTING AGENT	<b>Amount of Each Receipt this Period</b> 8535.75
<b>Full Name, Mailing Address, and ZIP Code</b> SOUTHERN STATES P.B.A.  1900 BRANNAN ROAD  MCDONOUGH GA 30253  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	<b>Name of Employer</b>   <b>Occupation</b>   <b>Aggregate Year-to-Date</b> > \$ 63466.32	<b>Date (month, day, year)</b> 09/25/2001 *\$ .50 PER MEMBER PER MONTH.... ....T/F FROM COLLECTING AGENT	<b>Amount of Each Receipt this Period</b> 8484.25
<b>Full Name, Mailing Address, and ZIP Code</b> SOUTHERN STATES P.B.A.  1900 BRANNAN ROAD  MCDONOUGH GA 30253  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	<b>Name of Employer</b>   <b>Occupation</b>   <b>Aggregate Year-to-Date</b> > \$ 73129.57	<b>Date (month, day, year)</b> 10/18/2001 *\$ .50 PER MEMBER PER MONTH.... ....T/F FROM COLLECTING AGENT	<b>Amount of Each Receipt this Period</b> 9664.25
<b>Full Name, Mailing Address, and ZIP Code</b> SOUTHERN STATES P.B.A.  1900 BRANNAN ROAD  MCDONOUGH GA 30253  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	<b>Name of Employer</b>   <b>Occupation</b>   <b>Aggregate Year-to-Date</b> > \$ 82589.82	<b>Date (month, day, year)</b> 10/22/2001 *\$ .50 PER MEMBER PER MONTH.... ....T/F FROM COLLECTING AGENT	<b>Amount of Each Receipt this Period</b> 9480.25
<b>Full Name, Mailing Address, and ZIP Code</b> SOUTHERN STATES P.B.A.  1900 BRANNAN ROAD  MCDONOUGH GA 30253  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	<b>Name of Employer</b>   <b>Occupation</b>   <b>Aggregate Year-to-Date</b> > \$ 90613.82	<b>Date (month, day, year)</b> 12/04/2001 *\$ .50 PER MEMBER PER MONTH.... ....T/F FROM COLLECTING AGENT	<b>Amount of Each Receipt this Period</b> 8024.00
<b>Full Name, Mailing Address, and ZIP Code</b> SOUTHERN STATES P.B.A.  1900 BRANNAN ROAD  MCDONOUGH GA 30253  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	<b>Name of Employer</b>   <b>Occupation</b>   <b>Aggregate Year-to-Date</b> > \$ 100263.82	<b>Date (month, day, year)</b> 12/20/2001 *\$ .50 PER MEMBER PER MONTH.... ....T/F FROM COLLECTING AGENT	<b>Amount of Each Receipt this Period</b> 8650.00

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....

EWK

# **SCHEDULE A**

# **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

4 / 21

FOR LINE NUMBER  
11A1

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**NAME OF COMMITTEE (in Full)**

**SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND**

**Full Name, Mailing Address, and ZIP Code**

SOUTHERN STATES P.B.A.

1900 BRANNAN ROAD

MCDONOUGH GA 30253

**Name of Employer**

**Occupation**

**Date (month,  
day, year)**

12/21/2001

\*\$50 PER MEMBER PER MONTH...  
T/F FROM COLLECTING AGENT

**Amount of Each  
Receipt this Period**

7852.50

Receipt For:

☐ Primary

☐ General

☒ Other (specify):

**Aggregate Year-to-Date** \$ 106116.32

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....

70781.35

